Patent Application: 10/598,088 Confirmation Number: 9951 Attorney Reference: 1008 015 501 0201

		Application Number	10/598,088
		Filing Date	August 17, 2006
		First Named Inventor	Michael L. Weiner
POWER OF ATT	ORNEY	Title	FIBRILLATION /
	♥ 1714 m 1	1160	TACHYCARDIA
and			MONITORING AND
CORRESPONDENCE ADDRESS			PREVENTIVE SYSTEM AND
INDICATION FO	RM		METHODOLOGY
		Art Unit	3731
		Examiner Name	UNKNOWN
		Confirmation Number	9951
		Attorney Docket Number	1008 015 501 0201
I hereby revoke all previous powers of attorney given in the above-identified application.			
I hereby appoint:			
Practitioners associated with the Customer Number:			
OR			
☑ Practitioner(s) named below:			
Name			gistration Number
Duane C. Basch		34,545	
Mic	hael J. Nickerson		33,265

as mylaur atterney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States.			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.			
☑ Please recognize or change the correspondence address for the above-identified application to:			
2724			
The address associated with Customer Number: 37211			
Firm Basch & Nickerson LLP			
Address 1777 Penfield Road			
City Penfield		State New York	Zip 14526
Country US	***************************************		
Telephone 585-899-3970 Email mnickerson@bnpatentlaw.com			
I am the:			
☐ Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Signature of Applicant of Assignee of Record			
Signature	SON	12/9/	Date 17 Jun '08
Name S	tuart G. MacDonal	d	Telephone (585) 267-4803
Title and Company Vice President Research & Development, Biophan Technologies, Inc.			ophan Technologies, Inc.
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
*Total of fo	rms are submitted.		